

My Estimated Costs of Education for the Academic Year are as follows:

Tuition: \$ _____ **Room and Board:** \$ _____ **Books and Supplies:** _____

Laboratory Fees: _____ **Total \$** _____.

My Family and I will pay: \$ _____ **My unmet needs are:** \$ _____

I have received / or have been promised Financial Aid from the following sources:

- 1) _____ 4) _____
- 2) _____ 5) _____
- 3) _____ 6) _____

Attach a copy of your School's Financial Aid Award notification letter (not the application) from the School you will/or currently attend. Send it as soon as possible, but **no later than JUNE 30, 2026**. You may e-mail any questions to Gerald S. Friason at – gsf33@fuse.net - **"OCOD 2026" must be in the subject line.**

CHARACTER REFERENCE: (Not a family member)

1) Name _____ Occupation: _____

Address _____
Street City State Zip

Advisor (if any): Pythagorans or Girls Assembly:

1) Name _____ Telephone/email: _____

Address _____
Street City State Zip

NOTE:

- 1. Blanks spaces not completed or NA answers may disqualify your application for consideration.
- 2. **A typewritten statement must be attached** on the subject "**Why I Want a College Education**", including your **vocational preference** and/or **goals**, your **extracurricular activities** and **community activities**.
- 3. After the signature, give this completed application to the appropriate school official who in turn will attach an official transcript (to include: this Class Year's first semester grades, class rank, unweighted GPA, test scores including the Ohio Graduation Test, ACT/SAT test results); and recommendations. Forward the entire application directly to the address shown below.
- 4. Two letters of recommendations from your counselor, teacher, administrator, advisor, minister or employer.
- **5. (CONTINUING STUDENTS)** Update your life goal in three hundred fifty words or more.

SIGNATURES: We certify the above information to be true, correct and complete.
We authorize you to share this information with your associates.

Applicant's Signature

Parent / Guardian's Signature

PLEASE RETURN THIS FORM TO:

Gerald S. Friason
12010 Springdale Lake Drive
Cincinnati, OH 45246
Tel: 513-742-8983 (H) 513-509-7503 (C)